



**METROPOLITAN DEVELOPMENT COMMISSION  
OF MARION COUNTY, INDIANA**

File No:

*DMD use only*

**APPLICATION FOR CERTIFICATE  
OF LEGALLY ESTABLISHED NON-CONFORMING USE**

Items required to be submitted with this application are listed in the accompanying "Submission Requirements" sheet.

**Address** of Subject Property:

Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

FAX: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

FAX: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

This application seeks a certificate of legally established non-conforming (check one):

☐

Use

☐

Development Standards

☐

Use and Development Standards

**Legal Description** (check one):

\_\_\_\_\_ Complete Metes & Bounds legal description attached.

\_\_\_\_\_ Platted site within a recorded subdivision, copy of plat map attached.

Subdivision Name: \_\_\_\_\_

Lot Number(s): \_\_\_\_\_ Section Number(s): \_\_\_\_\_

Recorded in Plat Book number: \_\_\_\_\_ page(s): \_\_\_\_\_

or recorded as Instrument Number: \_\_\_\_\_ in the Marion County Recorder's Office.

Does the petitioner **own** one hundred percent (100%) of the area involved in the petition (yes or no)? \_\_\_\_\_

Tax Parcel Numbers: \_\_\_\_\_

Acreage: \_\_\_\_\_ Township(s): \_\_\_\_\_

*Continued*

Is this property the subject of any **code enforcement** action (yes or no)? \_\_\_\_\_

What is the **existing use** of the property? \_\_\_\_\_

Which **specific ordinance section(s)** does the use of the property **not** conform? Attached additional pages or documentation if necessary.

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Name the specific use of the property and/or the development standards on the property sought to be legally established. (Examples of use include "dry cleaning business" or "four-unit apartment building." Examples of development standards include "front yard setback" or "building height.")

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State the specific **reasons** the certification should be granted. Attached additional pages or documentation if necessary.

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**Oath:** The above information, to my knowledge, is true and correct.

\_\_\_\_\_  
*Signature(s) of Applicant(s)*

STATE OF INDIANA,  
COUNTY OF MARION, SS:  
Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*  
My Commission expires: \_\_\_\_\_  
My County of residence: \_\_\_\_\_

\_\_\_\_\_  
*Signature(s) of Owner(s) (if different than applicant)*

STATE OF INDIANA,  
COUNTY OF MARION, SS:  
Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*  
My Commission expires: \_\_\_\_\_  
My County of residence: \_\_\_\_\_